

TRICARE AREA OFFICE-EUROPE

Registration for the Extended Care Health Option (ECHO) and Approval for Benefits under ECHO for TRICARE Europe Beneficiaries

1. REFERENCES:

- a. TRICARE Policy Manual 6010.54-M, August 1, 2002, Chapter 9-Extended Care Health Options (ECHO), Sections 1.1-18.1.
- b. TRICARE Policy Manual 6010.54-M, August 1, 2002, Chapter 1, Section 1.1 – Exclusions
- c. TRICARE Policy Manual 6010.54-M, August 1, 2002, Chapter 12, Section 8.1-Authorization Requirements
- d. 32 C.F.R. 199.4, CHAMPUS, Basic Program Benefits, 12 Apr 2005
- e. 32 C.F.R. 199.2, CHAMPUS, Definitions, 12 Apr 2005

2. **PURPOSE:** To establish procedures for active duty family members in the TRICARE Europe area of responsibility who are seeking benefits under the Extended Care Health Option (ECHO) for a family member. Key selections from the TRICARE policies listing essential criteria are referenced above. Complete current policies can be found on the Internet at <http://www.tricare.osd.mil/tricaremanuals>

3. **SCOPE:** This instruction letter clarifies the process for registration and preauthorization process for Region 13 beneficiaries seeking benefits through the ECHO program.

4. DEFINITIONS:

a. **General:** The ECHO replaces the Program for Persons with Disabilities (PPPWD). The ECHO is supplemental to the TRICARE Basic Program and provides eligible active duty family members with additional financial resources for an integrated set of services and supplies designed to assist in the reduction of the disabling effects of the beneficiary's qualifying condition.

b. Qualifying Conditions:

(1) **Mental Retardation:** A diagnosis of moderate or severe mental retardation in accordance with the criteria in the current edition of Diagnostic and Statistical manual of Mental Disorders. For beneficiaries less than 3 years of age, the diagnosis of Downs syndrome or Fetal alcohol syndrome or a developmental delay equivalent to 2 standard deviations below the mean in adaptive, cognitive or language function are eligible.

(2) Serious Physical Disability: Any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition, or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking. For a beneficiary less than 3 years of age, a developmental delay of 2 standard deviations below the mean is eligible.

(3) Other Qualifying Conditions: Extraordinary physical or psychological condition of such severity that it results in the beneficiary being homebound. Beneficiaries under the age of 3 years who are diagnosed with a neuromuscular developmental condition or other condition that is expected to precede a diagnosis of moderate or severe mental retardation or a serious physical disability are eligible. In addition a beneficiary may qualify if they have multiple disabilities involving two or more separate body systems, none of which would be an ECHO qualifying condition on its own.

c. Registration: The National Defense Authorization Act for Fiscal Year 2002 (NDAA-FY02) requires that TRICARE Beneficiaries be “registered” in order to receive the benefits provided in ECHO. TRICARE Area Office – Europe is responsible for coordinating ECHO registration and benefits for Region 13.

d. Benefit Approval: To establish whether a requested service or item is an ECHO benefit, the beneficiary (or sponsor or legal guardian acting on behalf of the beneficiary) shall provide information explaining how the requested benefit will contribute to confirming, arresting, or reducing the disabling effects of the qualifying condition. The TAO-Europe approving authority will determine necessary information for benefit adjudication. Determination that a beneficiary is not eligible for ECHO is factual; therefore, such determination cannot be appealed. Some benefits under the ECHO program are not available OCONUS.

e. Durable Equipment: A device or apparatus which does not qualify as Durable Medical Equipment under the TRICARE Basic Program but which is essential to the efficient arrest or reduction of functional loss resulting from, or the disabling effects of a qualifying condition. Examples of durable equipment are special computer peripheral devices or software that makes a computer functional to an ECHO beneficiary; an electrical/mechanical lifting device that raises an ECHO beneficiary in a wheelchair from ground level to first floor level of the beneficiary’s residence.

f. ECHO Home Health Care and Respite Care: Benefit is limited to the 50 United States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam.

g. Training: Training when required to allow the use of an assistive technology device or to acquire skills which are expected to assist the beneficiary in reducing the disabling effects of a qualifying condition; training for parents of siblings when required as an integral part of the management of the qualifying condition; vocational training; services by an authorized provider or institution on an inpatient or outpatient basis rendered in the beneficiary's natural environment may be cost shared.

h. Institutional care: Care within an institution when the severity of the qualifying condition requires protective custody or training in a residential environment may be cost-shared subject to all applicable ECHO requirements.

i. Special Education: In accordance with the Individuals with Disability Education Act (IDEA) and its implementing regulations and policies, special education may be cost shared subject to all applicable ECHO requirements, and in particular, the requirement that other public programs and facilities be used to the extent available and adequate.

j. Cost-Share Liability: The sponsor/beneficiary ECHO cost-share is based on the sponsor's pay grade and is not impacted by the number of dependents. The government's maximum amount to be paid for a ECHO benefit is \$2500 per beneficiary, per month. Thus, a family with 2 dependents enrolled in ECHO could receive up to \$5000 per month (2X\$2500) in ECHO benefit. Durable medical equipment may be prorated.

5. RESPONSIBILITIES:

a. Referring Medical Provider will:

(1) Complete the Exceptional Family Member Medical Summary (DD Form 2792 (<http://www.dtic.mil/whs/directives/infomgt/forms/efoms/dd2792.pdf>) if one has not been completed within the past three years. The DD 2792 or a copy of the EFMP PERNET Printout is required for beneficiary registration into the ECHO program. If beneficiary is Coast Guard, the form will be CG 5494. Extent of beneficiary's qualifying condition must be clearly documented on the forms.

(2) Request specific services/equipment through ECHO: Complete physician portion (Diagnostic Evaluation) of the PFPWD Application (DD Form 2532) specifying what treatment, durable equipment, training, institutional care or other ECHO services the beneficiary is requiring.

Must include: - Type care or equipment needed

- Scope

- Frequency

- Duration

- Dates of treatment for approval to be granted (i.e. ongoing)

DD Form 2532 can be down loaded from the TRICARE Europe Website

http://webserver.europe.tricare.osd.mil/main/PAO/forms/pfpwd_request.pdf and completed by hand.

- Cost Estimate

(4) Provide any additional documentation that may be requested to verify eligibility for the ECHO benefit.

b. Beneficiary/Sponsor will:

(1) Provide a copy of the sponsor orders.

(2) ECHO registration: Complete the sponsor portion of the Exceptional Family Member Medical Summary, DD Form 2792. Make appointment with primary care manager for completion of the medical portion of the form, which will verify the qualifying medical condition for ECHO registration if form is not current. The DD Form 2792 or EFMP PERNET printout must be renewed every 3 years. Not all conditions which qualify a beneficiary for EFMP enrollment will qualify for registration for ECHO.

(3) When applying for benefits under ECHO: Complete the sponsor portion of the application form (DD Form 2532), verify that the information is complete and correct. (Medical provider completes a portion of the form).

(2) Submit completed DD Form 2792, DD Form 2532, and copy of orders to the TRICARE Service Center (TSC) for review. Documents will be forwarded to TRICARE Area Office - Europe (TAO).

c. TRICARE Service Center (TSC) will:

(1) Provide administrative support for the application process.

(2) Review the DD Forms 2792, for registration, and DD Form 2532, for specific benefit requests, for completeness.

(3) Check eligibility of the active duty family member and provide a copy of DEERS/enrollment verification.

(4) Send a copy of sponsors orders, DEERs enrollment eligibility paperwork, Form 2792 (or EFMP PERNET printout), and when applicable DD Form 2532 via facsimile to TAO-Europe/ATTN: ECHO APPLICATION:

Primary Line: DSN: 496-6377/ Commercial within Germany 06302-67-6377/
Commercial outside Germany 49-6302-67-6377

Secondary Line: DSN: 496-6378/ Commercial within Germany 06302-67-6378/
Commercial outside Germany 49-6302-67-6378

(5) Ensure that the confidentiality statement is on the facsimile coversheet.

(6) Ensure beneficiary and provider receive the TRICARE Area Office-Europe, Region 13-Care Approval. This form must be attached to all bills/claims submitted to

WPS under the ECHO program. Enter the approval into the Enterprise Wide Referral and Authorization System (EWRAS).

(7) Communicate with TAO on any feedback received from the beneficiary and/or family member regarding concerns or issues with ECHO benefits.

d. TRICARE Area Office - Europe Office (TAO-E) will:

(1) Ensure designated personnel within the TAO review the application, determine eligibility, coordinate ECHO registration through Medical Service Field Support Office (SAIC), and issue approval or denial with-in 7 working days of receipt of the completed application packet.

(2) Notify the Medical Service Field Support Office when a beneficiary meets the ECHO benefit criteria and can be “registered” in the Defense Online Enrollment System Application (DOES). Send notice of eligibility for ECHO registration via facsimile to:

Attention: Jacque Albers (or appropriate representative)

Primary Facsimile Line: 0631 3033 5529

Primary Phone Line: 0631 3033 5509

(3) Provide Wisconsin Physician Services (WPS) with a list of designated personnel authorizing approval for ECHO benefits.

(4) Forward the approval paperwork to the TSC who initiated the request for ECHO benefits.

(5) Send the sponsor/beneficiary written notification of ECHO registration or non-eligibility and of the unique qualifying and cost-sharing requirements for the program.

e. Medical Service Field Support (SAIC Contract) will:

(1) Upon notification from TAO-Europe that a beneficiary is eligible for the ECHO, the Medical Service Field Support representative will use the Defense Online Enrollment System (DOES) to annotate the beneficiary’s Defense Enrollment Eligibility Reporting System (DEERS) record to reflect ECHO eligibility.

(2) Upon query through the Composite Health Care System (CHCS), the DEERS Eligibility Response will return the Health Care Delivery Plan (HCDP) code “400”, which indicates the beneficiary is registered and eligible to receive ECHO benefits.